State Health Planning and Development Agency Medical/Surgical and Total Acute Care Beds Special Survey For the Period of 1993 to 2003

Instrutions:	Please enter the date(s) of any Med/Surg or Total Acute Care Bed Occupancy Rates greater than 95%.			
	2. For each date entered please complete Columns A, B, C and D.			
	3. If you need additional sheets please duplicate or download from www.state.hi.us/health/shpda/shusurve.htm			
Facility:				
Name of Administrator:				
Completed by: (signature)	Phone:			
(print/type name)	FAX:			
(title)	Email:			

	Medical/Surgical Beds		Total Acute Care Beds	
Dates with Occupancy	Occupancy Rates	Average Daily Census	Occupancy Rates	Average Daily Census
Rates Greater than 95%:	(A)	(B)	(C)	(D)

Please return your completed survey form, file or diskette by June 30, 2004 to:

State Health Planning and Development Agency

1177 Alakea St. #402 Honolulu, Hawaii 96813

Phone: 808-587-0852 FAX: 808-587-0783 Email: survey@shpda.org Web: www.shpda.org

If you have any questions please call: Ken Yoshida at 587-0852 or 587-0788

Thank you for completing this Survey.